State of Illinois
Department of Employment Security
www.ides.state.il.us

State Where Work Was Performed:

Discharge

Laid Off/Lack of Work



Work History for Incoming CWC Request

Claimant Information: Last Name: First Name: MI: ID or SSN: (Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.) In order to complete the transfer of your wages to the state of , please complete this form with . Please use additional sheets if needed. If you have any questions, call your your entire work history since Illinois Department of Employment Security Reporting Office and ask for a Combined Wage Representative. Please complete and return this form to your Illinois Department of Employment Security Reporting Office as instructed. Employer 1 **Employer Name:** Address 1: Address 2: (Apt., Floor, Suite, etc.) City: State: Zip Code: Start Date: Last Day Worked: Number of Actual Days Worked: State Where Work Was Performed: Reason for Leaving (Check One Below) Laid Off/Lack of Work Voluntary Leave Labor Dispute Discharge Retirement **Employer 2 Employer Name:** Address 1: Address 2: (Apt., Floor, Suite, etc.) City: State: Zip Code: Start Date: Last Day Worked: Number of Actual Days Worked: State Where Work Was Performed: Reason for Leaving (Check One Below) Laid Off/Lack of Work Labor Dispute Discharge Voluntary Leave Retirement **Employer 3 Employer Name:** Address 1: Address 2: (Apt., Floor, Suite, etc.) Zip Code: City: State: Start Date: Last Day Worked: Number of Actual Days Worked: State Where Work Was Performed: Reason for Leaving (Check One Below) Laid Off/Lack of Work Discharge Voluntary Leave Labor Dispute Retirement **Employer 4** Employer Name: Address 1: Address 2: (Apt., Floor, Suite, etc.) Citv: State: Zip Code: Start Date: Last Day Worked: Number of Actual Days Worked:

Voluntary Leave

Reason for Leaving (Check One Below)

Retirement

Labor Dispute